Historic, Archive Document

Do not assume content reflects current
scientific knowledge, policies, or practices.

A1N955

NUTRITION COMMITTEE NEWS

For exchange of information on nutrition education and school lunch activities.

U. S. DEPARTMENT OF AGRICULTURE, Washington, D. C. September-October 1955

NUTRITION PROGRAMS OF PUBLIC HEALTH AGENCIES

Nutrition is essential to achievement of the two main objectives of public health—promotion of optimal health and control of disease. Consequently many public health agencies, both governmental and voluntary, are doing something about nutrition.

About 400 nutritionists are now employed by public health agencies to plan and direct nutrition programs, in which many kinds of public health workers have a share. Nutritionists serve largely as consultants to their colleagues and to workers in allied agencies. However, as members of the public health team, they may give some direct service to individuals who need intensive help.

Working with physicians, nurses, sanitary engineers, dentists, health educators, and other public health staff, nutritionists see to it that nutrition knowledge is used in solving public health problems. They also work in close cooperation with other agencies that are contributing to public health through their nutrition programs.

Nutrition knowledge is applied to public health through 4 main kinds of activities: (1) education of professional workers and non-professional aides; (2) education of the public; (3) technical assistance to personnel responsible for food service to groups; and (4) promotion of measures to improve diets such as fortification of staple foods.

The Reporters and Their Report

Nutritionists in the Public Health Service, and in the Children's Bureau of the Department of Health, Education, and Welfare have prepared this issue of NCN. *What* the nutritionist and her co-workers do and *how* they do it are told. Examples were selected from day-by-day contacts with State and local health agencies to show the scope of nutrition services rather than to emphasize any one State program.

THE ROLE OF NUTRITION IN THE PUBLIC HEALTH PROGRAM

In most parts of the country today, malnutrition in itself is not a major public health problem; it is a factor contributing to the extent and severity of other health problems. For the most part, therefore, services for the prevention or control of malnutrition are integrated into the work of the health agency's various program units, especially maternal and child health, school health, care of handicapped children, dental health, and tuberculosis and chronic disease control.

A more detailed description of nutrition services in public health agencies may be found in a new publication, Nutrition Practices, A Guide for Public Health Administrators (1955), prepared by the Committee on Administrative Practice, American Public Health Association. The guide is available from the Association office, 1790 Broadway, New York 19, N. Y., at $1.00 per copy.

NUTRITION ACTIVITIES OF STATE AND LOCAL HEALTH AGENCIES

Maternal and Child Health

"Well begun is half done." Historically, Maternal and Child Health program directors were the first in the health agency to realize the importance of nutrition teaching. Public health nutritionists were employed for this work as early as 1920. Nutritionists still report that they give more time to getting future citizens off to a good start in life than to any other program.

Nutritionists take part in preservice and inservice training of doctors, nurses, dentists, and midwives who work directly with mothers and children. With health educators, the nutritionists prepare educational materials. They consult with others on the health team individually or in groups. Occasionally they may go with a nurse to visit a home where there is a stubborn food problem.

Nutritionists may attend selected prenatal clinics or child health conferences to advise mothers referred for intensive nutrition help. Sometimes they can find professionally trained volunteers who under guidance can provide clinic service regularly.

Nutrition services to children of school age may take several forms. Nutritionists may work with the doctor and nurse in getting children ready for school and with the dental health workers on educational and caries control programs. They may counsel individual youngsters. At the request of school and health officials, the nutritionists may survey food practices of children as a basis for a school lunch program or classroom teaching. In Missouri, for example, a series of surveys were made under the auspices of County Health Councils.

Assisting with the elementary curriculum. Cooperative planning by State departments of health and education to improve nutrition education practices in elementary schools is a continuing year-round activity in most States and outlying territories. Nutritionists with their specialized knowledge of food needs of children of different ages and educators with their skill in presentation make an effective team in special workshops for administrators, teachers, and school lunch personnel and in regular inservice education programs.

For teacher certification several States require at least one course in nutrition or a course in health education that includes a unit in nutrition. (NCN, May-June 1955.) In Kentucky, the Director of the Nutrition Division of the State Department of Health and the Directors of Home Economics Education and of Teacher Training and Certification of the State Department of Education collaborated in setting up a 1-day conference for college instructors responsible for teaching the required credit course in nutrition. Discussions centered around objectives for the course. A second conference has been planned to set up priorities in content and method so that the course will help elementary teachers understand and meet the nutrition needs of children. In addition to instructors directly responsible for the course, invitations will be sent to deans, heads of the home economics departments, and food and nutrition instructors from each of the teacher training institutions in the State.

The crippled child has nutrition problems too. Nutrition services are a part of medical, surgical, and convalescent care of physically handicapped children. Many are restricted in their activity and have to count their calories to avoid excess gain in weight. Many have capricious appetites and have acquired poor food habits. The child's response to surgery or medical treatment is affected markedly by his nutritional state.

Public health nutritionists serve programs of State crippled children's agencies in various ways. They take part in inservice training of workers (District of Columbia and South Carolina), write bulletins for nurses or parents on feeding of infants with cleft lip and palate (Hawaii), or rheumatic fever (Virginia), advise on kind, type, and preparation of foods for children who have cerebral palsy and speech and swallowing difficulties. The nutritionists also confer with parents referred by physicians at crippled children's or rheumatic fever clinics (Connecticut, Utah, Washington), consult on food service in hospitals, convalescent homes, rehabilitation centers, special schools, and camps for handicapped children (Vermont).

Adult Health

Program units that deal with the health of adults also include nutrition. Tuberculosis Control concerns itself with nutrition in the institutional care of the patient and in the education of both the patient and his family. Other Chronic Disease programs give an important role to nutrition in both prevention and treatment.

Meeting food needs in chronic illness. Nutritionists are becoming more involved in the field of chronic illness —particularly in heart disease and diabetes.

In Puerto Rico, the nutritionist has taken steps to improve the nutritional care of cardiac patients. Medical, nursing, and nutrition personnel of the Health Department, the Heart Association, and the municipal and veterans hospitals participated in planning and cosponsoring a 3-day institute for nurses and nutritionists on "Feeding the Cardiac Patient." An outstanding feature was the cooperation of many persons from agencies that contribute to the nutritional aspects of medical care and community welfare. Trial guides for professional and patient use in sodium and calorie restricted diets were prepared by preinstitute working committees. These contributed to the institute's success.

In Pennsylvania the State Department of Health and the State Heart Association produced an exhibit entitled "Food and Your Heart." This exhibit and accompanying leaflet give suggestions for using herbs to add flavor and variety to sodium restricted diets.

Education of professional workers was emphasized in Iowa. By conferences, correspondence, and an exhibit at the State Medical Society Meeting, the nutritionist introduced to physicians the exchange system of meal planning for people with diabetes. As a result there has been better understanding and use of this simplified, uniform material. (The exchange system uses the six food exchange lists prepared by the American Dietetic Association, the American Diabetes Association, Inc., and the U. S. Public Health Service.)

In the Virgin Islands the Director of the Diabetes Control Program arranged conferences for workers in all disciplines involved in patient care to discuss "How Can We Best Help Our Diabetics?" As a first step the nutritionists modified the exchange lists to meet local food customs and supplies. The next step was to teach patients to assume responsibility for much of their routine care now given daily at the hospitals. In Charleston, W. Va., a State Health Department nutritionist has worked closely with doctors and nurses in an outpatient clinic of the Memorial Hospital in providing individual and group instruction for diabetic patients on how to keep their conditions under control.

Weight guidance. Because overweight is often found associated with certain chronic diseases, obesity is considered a public health problem. For this reason nutritionists are increasingly involved in programs directed toward prevention and control of obesity. In Dallas, Tex., the nutritionist and director of the health department initiated an "Educational Program in Nutrition for the Obese," cosponsored by the director of the health museum and by the dietetic association. There was community-wide planning. Throughout the program physicians participated actively. A series of classes was conducted with a follow-up meeting 6 months later. These classes are offered annually.

A nutritionist in the Illinois State Department of Public Health cooperated with staff members in other State agencies and organizations in developing a "Guide for a Community Weight Control—Nutrition Project." The pamphlet, directed to leaders of weight control programs, is based on a pilot project in Winnebago County, 1953-54.

Good food for older citizens. The increasing number of geriatric programs has meant greater use of nutrition services to help improve and maintain the nutritional health of older persons. In St. Petersburg, Fla., nutritionists from the health agency, local utility companies, and local dairy council held group discussions and food demonstrations for "Senior Citizens." Other community organizations assisted in publicizing these meetings.

In a number of areas nutritionists have assumed or have shared responsibilities for planning and conducting workshops for personnel of nursing homes for older persons. Recently New Jersey held a 1-day institute sponsored by State Departments of Health and of Institutions and Agencies. Discussions covered such topics as menu planning, food purchasing, portion control, and social and emotional meanings of food. Alabama's public health nutritionist participated in a similar conference sponsored by the University of Alabama.

In some States, nutritionists offer consultation to nursing home operators. Oregon provides this service through the licensing unit of the State Health Department and sends reports and suggestions for improvement to the individual homes.

Improving Nutrition in Institutions

Good food is essential to good patient care in all institutions. Many hospitals, especially those having 100 beds or less, as well as other types of institutions lack the services of a qualified dietitian.

State health agencies often have responsibility for setting and maintaining standards for hospitals and other health facilities. Several of these State agencies provide the services of a dietitian to give consultation to administrators and personnel responsible for food service in these institutions.

In 1947, Maryland employed a dietitian to give consultation service on food and nutrition problems to general hospitals, tuberculosis hospitals, convalescent homes, and similar facilities. Maryland has added a second worker. At least 15 other State health agencies have employed one or more dietary consultants. In Indiana extensive inservice education has contributed to improvements in food service. In this State the nutrition staff shares responsibility for setting standards and licensing.

Public health nutritionists in Arizona and Kansas have responsibility for appraisal of diets in child caring institutions. New Hampshire's nutritionist has cooperated with State Departments of Purchase and Property and of Administration and Control in raising the quality of food service of State institutions. In several States nutritionists share with architects and engineers responsibility for reviewing plans for construction of medical care facilities.

Requests from hospitals for assistance in planning special diets prompted the Director of the Division of Hospitals and the Dietary Consultant of the Division of Maternal and Child Health of the Arkansas State Board of Health to poll some 1,500 physicians and 300 hospital administrators on their opinion as to need for a diet manual. A favorable response encouraged them to proceed with the project.

In preparing the manual the dietary consultant was advised by a special committee appointed by the State Medical Society and the State Dietetic Association and by specialists from the University School of Medicine, the State Hospital and Nurses' Associations, and other groups concerned with improving nutrition services in institutions. The diets in the manual have been planned so that they will be simple, practical, and economical and include foods commonly consumed in the State. Georgia, Idaho, Maine, and Rhode Island are among States that have prepared similar manuals.

Public Health Has a Place in Nutrition Research

Studies of the nutritional status and the food practices of representative population groups are the cornerstones of public health nutrition programs. Few health agencies have funds or technical resources to carry on research single-handed but they participate effectively as members of a research team. Several State agricultural experiment stations have enlisted the cooperation of the State health agency in regional research projects under the Research and Marketing Act.

In California, in studies on aging, a nutritionist of the health agency helped gather the data on dietary histories and current food consumption.

New Mexico's nutritionist helped plan and make a study of food habits in representative sections of each county and was senior author of the report. She also participated in a study of the relation of vitamin C intake to the condition of the gums of school children in selected areas.

Public health nutritionists in Louisiana and Tennessee have worked with the nutrition departments of medical schools in nutritional appraisals of population groups. In Ohio, medical students joined district nutritionists in studying the goiter problem.

In North Carolina nutritionists studied the diets of children as part of a larger study carried out by the State Board of Public Welfare with families receiving aid-to-dependent-children grants.

Nutrition Education for Allied Workers

Since many health workers do something about nutrition, it is essential that they be well equipped for this part of their job. Nutritionists cooperate with nurses, sanitarians, and health educators in staff education in many States. They work with nurse educators to strengthen the nutrition content of the basic and graduate curricula for professional nurses. They also plan with directors of training programs for practical nurses. Several States have held workshops at which nurses, dietitians, nutritionists, and administrators have discussed how food and nutrition courses can be made more interesting to nurses and more closely related to their daily needs. States known to have been active recently in nutrition education for nurses include Delaware, Massachusetts, Minnesota, Mississippi, Nebraska, and Wisconsin.

Dietitians and nutritionists are allies, so health agencies cooperate with approved internship programs in arranging observations in the community for dietetic interns. Michigan and Oklahoma have had experience along this line.

Many State health agencies are cooperating with colleges and universities in arranging nutrition workshops and institutes each year as a refresher course or for graduate credit. This summer Syracuse University and the New York State Department of Health sponsored the 9th Community Nutrition Institute for nutritionists, physicians, nurses, dentists, dietitians, health educators, and others interested in a public health approach to nutrition problems.

NUTRITION IN FEDERAL PUBLIC HEALTH PROGRAMS

Two units of the United States Department of Health, Education, and Welfare employ nutritionists to assist public health agencies: Public Health Service and Children's Bureau.

The Children's Bureau has a Nutrition Section in the Division of Health Services. The Section coordinates all Bureau activities directed toward improving the nutrition of mothers and children. Working through 8 regional offices, 5 nutritionists carry on consultation and advisory services to State agencies receiving Federal grants-in-aid for maternal and child health or for services to crippled children. Consultation deals with such matters as program-planning, staffing, inservice training, and cooperative relationships with allied agencies. The nutritionists also work with educational institutions on curriculum content and supervised field experience for public health nutritionists in training.

Within the Public Health Service there are four nutritionists in the Heart Disease Control and Chronic Disease Programs. Two nutritionists are concerned particularly with dietary modifications and nutritional problems related to diabetes, cardiovascular disease, geriatrics, weight control, and nursing home care. They provide consultation through regional offices to health agencies, voluntary organizations, professional associations, and colleges in activities such as professional training, patient education, and development of programs. The two other nutritionists are engaged in field activities. One is conducting a study in a local health department to see to what extent physicians will refer patients to a dietary counseling service if it is made available to all physicians in the community. One, in the Diabetes Field Research and Training Unit, participates in research projects and in the development and presentation of professional education programs to improve the quality of the care of persons with diabetes.

Prepared by Household Economics Research Branch, Agricultural Research Service, U. S. Department of Agriculture, in consultation with the Interagency Committee on Nutrition Education and School Lunch. (The printing of this publication has been approved by the Bureau of the Budget, July 27, 1955.)